Cash Management Improvement Act 2021 Annual Report

State of Alaska

Annualized Interest Rate: 0.07%

State of Alaska State Contact

Heidi Gray State of Alaska Department of Revenue P.O. Box 110405 Juneau, Alaska 99811-0405 907-465-2848 heidi.gray@alaska.gov

Annual Report Claims

| Current State Interest Liability | \$27 |
|------------------------------------|---------|
| State Interest Adjustment | \$0 |
| Interest Calculation Costs | \$1,489 |
| Current Federal Interest Liability | \$0 |
| Federal Interest Adjustment | \$0 |
| | |
| Net Federal Interest Liability | 1,462 |

Certification

"I certify to the best of my knowledge that all information in this report, including the interest claims and interest calculation costs claim, is true and accurate in all respects and that all calculations have been made in accordance with 31 CFR Part 205 and the Treasury State Agreement."

| Signature of Authorized State Official: | Pamela Leary | |
|---|--------------|--|
| _ | Damala I aam | |
| Name of Authorized State Official:_ | Pameia Leary | |
| Title of Authorized State Official: | Treasurer | |
| Date Signed: 12/28/2021 | | |

Cash Management Improvement Act - 2021 Annual Report

State of Alaska Interest Claims Report

| CFDA | Program Name | Current State Liability | State Adjustment | Current Federal Liability | Federal Adjustment | Net State Liability |
|------------|---|----------------------------|---------------------|---------------------------------|-----------------------|------------------------|
| 10.551 | Supplemental Nutrition Assistance Program | 0 | 0 | 0 | 0 | 0 |
| 10.555 | National School Lunch Program | 0 | 0 | 0 | 0 | 0 |
| 15.611 | Wildlife Restoration | 0 | 0 | 0 | 0 | 0 |
| 17.225F | Unemployment Insurance Federal Benefit Account and Administrative Costs | 0 | 0 | 0 | 0 | 0 |
| 17.225S | Unemployment Insurance State Benefit Account | 27 | 0 | 0 | 0 | 27 |
| 20.106 | Airport Improvement Program | 0 | 0 | 0 | 0 | 0 |
| 20.205 | Highway Planning and Construction | 0 | 0 | 0 | 0 | 0 |
| 84.010 | Title I Grants to Local Educational Agencies | 0 | 0 | 0 | 0 | 0 |
| 84.027 | Special Education Grants to States | 0 | 0 | 0 | 0 | 0 |
| 84.041 | Impact Aid | 0 | 0 | 0 | 0 | 0 |
| 93.423 | 1332 State Innovation Waivers | 0 | 0 | 0 | 0 | 0 |
| 93.558 | Temporary Assistance for Needy Families | 0 | 0 | 0 | 0 | 0 |
| 93.767 | Children's Health Insurance Program | 0 | 0 | 0 | 0 | 0 |
| 93.778 | Medical Assistance Program | 0 | 0 | 0 | 0 | 0 |
| Total Lial | tal Liability 2' | | 0 | 0 | 0 | 27 |

Cash Management Improvement Act - 2021 Annual Report State of Alaska Interest Calculation Costs Certification

| 1. State Costs - Interna | ll . | | | |
|--|------------------------|--|---------------------|--|
| Clearance Pattern Development and Maintenance | | Interest Calculations | | |
| State Personnel Cost: State Non-Personnel Cost: Other Costs: | \$822 \$0 \$0 | State Personnel Cost: State Non-Personnel Cost: Other Costs: | \$667 \$0 \$0 | |
| II. State Costs – Ex | ternal | | | |
| Clearance Pattern Devel | opment and Maintenance | Interest Calculations | | |
| State Personnel Cost: | \$0 | State Personnel Cost: | \$0 | |

III. Adjusted Interest Calculation Costs

\$0

Interest calculation costs incurred prior to the current state fiscal year are not eligible for reimbursement pursuant to 31 CFR 205.27(d)(3). In the event that interest calculation costs reimbursed in a prior state fiscal year are disallowed as the result of a subsequent audit, the disallowed amount must be included in this section.

State Non-Personnel Cost:

Other Costs:

\$0

\$0

Adjusted Interest Calculation Costs: \$0

III. Total Interest Calculation Costs

Total Interest Calculation Costs: \$1,489

IV. Certification

State Non-Personnel Cost:

Other Costs:

I hereby certify that this Interest Calculation Costs Claim Report is accurate to the best of my knowledge. Interest calculation costs recovered via this mechanism shall not be included in our State's cost allocation plan as described in OMB Circular A-87. The State shall maintain documentation to substantiate this cost claim and make this information available upon request."

| Signature of Authoriz | ed State Official: | Pamela Leary | |
|-----------------------|---------------------|--------------|--|
| | | | |
| Name of Authoriz | ed State Official:_ | Pamela Leary | |
| | | • | |
| Title of Authoriz | ed State Official:_ | Treasurer | |
| | | | |
| Date Signed: | 12/28/2021 | | |